

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

In Re:

Michael A Lowe  
and Lisa M Lowe,

Case No.: 14-51378  
Chapter 13, Judge Caldwell

Debtors.

**AMENDMENT TO SCHEDULE I: YOUR INCOME AND SCHEDULE J: YOUR  
EXPENSES (DOC 1)**

The Debtors herein amend Schedule I: Your Income and Schedule J: Your Expenses (Doc 1). The original attachment to Schedule I that showed the Debtor/Wife's real estate agent business' "Average Monthly Expenses" has been amended to reflect an increase in such business expenses. The amended attachment to Schedule I for "8a. Net income from rental property and from operating a business, profession, or farm" shows a \$323.34 decrease in net income from the Debtor/Wife's real estate agent business due to an increase in her business expenses. The three categories on the Schedule I monthly expenses attachment of the Debtor/Wife have had an increase of \$85.00 for Advertising, \$167.34 for Office Rent, and \$71.00 for Cell telephone. Similarly, the Debtors' have had an increase in their home utilities as reflected on Schedule J: Your Expenses. The Debtors' have had a \$200.00 increase in their 6a. Electricity, heat, natural gas category; \$50.00 increase in their 6b. Water, sewer, garbage collection category; \$170.00 increase in their 6c. Telephone, cell phone, Internet, satellite, and cable services category; and 6d. Other category change to \$23.00. This has caused the requisite monthly net income to be approximately \$581.01 lower than the original scheduled amount. Both Schedules are attached hereto. These are the only changes to such Schedules and the rest of such Schedules remain the same. This amendment is intended to also amend the other

schedules that rely on such Schedules for information (eg. the appropriate listing shown on the Summary of Schedules).

Mark Ditullio (0029784)  
Attorney for  
Michael A. Lowe  
and Lisa M. Lowe,

Date: 3/1/17

/s/ Mark Ditullio  
169 East Livingston Ave.  
Columbus, OH 43215  
Telephone: (614) 461-1516

CERTIFICATE OF SERVICE

I hereby certify that a copy of the forgoing has been served on the U.S. Trustee, 170 North High Street, Suite 200, Columbus, Ohio 43215 and on Frank Pees, Chapter 13 Trustee, 130 East Wilson Bridge Road, Worthington, Ohio 43085 by First Class United States Mail, postage prepaid in this 1<sup>st</sup> day of March 2017.

/s/ Mark Ditullio

Fill in this information to identify your case:

Debtor 1 Michael A. Lowe

Debtor 2 Lisa M. Lowe

(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 14-51378

(If known)

Check if this is:

☒ An amended filing

☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 61

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status\*

##### Occupation

##### Employer's name

##### Employer's address

##### Debtor 1

☒ Employed  
☐ Not employed

Auto Production Assembly

Honda of America Mfg, Inc

24000 Honda Pkwy.  
Marysville, OH 43040-8612

##### Debtor 2 or non-filing spouse

☒ Employed  
☐ Not employed

Phlebotomist

Ohio Health Corporation

180 East Broad St.  
Columbus, OH 43215

##### How long employed there?

16 years

1 year

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,968.73</u>	\$ <u>1,674.92</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>4,968.73</u>	\$ <u>1,674.92</u>

Debtor 1 **Michael A. Lowe**  
Debtor 2 **Lisa M. Lowe**

Case number (if known) **14-51378**

	For Debtor 1	For Debtor 2 or non-filing spouse	
<b>Copy line 4 here</b> .....	4. \$ <b>4,968.73</b>	\$ <b>1,674.92</b>	
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>1,100.71</b>	\$ <b>308.97</b>	
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>287.78</b>	\$ <b>0.00</b>	
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>0.00</b>	
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>473.98</b>	\$ <b>0.00</b>	
5e. <b>Insurance</b>	5e. \$ <b>44.76</b>	\$ <b>0.00</b>	
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>0.00</b>	
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>0.00</b>	
5h. <b>Other deductions.</b> Specify: .....	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>1,907.23</b>	\$ <b>308.97</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>3,061.50</b>	\$ <b>1,365.95</b>	
<b>8. List all other income regularly received:</b>			
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>1,956.66</b>	
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>	
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>	
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>0.00</b>	
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>0.00</b>	
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: .....	8f. \$ <b>0.00</b>	\$ <b>0.00</b>	
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>	
8h. <b>Other monthly income.</b> Specify: .....	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>1,956.66</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>3,061.50</b>	+ \$ <b>3,322.61</b>	= \$ <b>6,384.11</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: .....			
		11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ <b>6,384.11</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input type="checkbox"/> No.			
<input checked="" type="checkbox"/> Yes. Explain: <b>Real Estate income is shown as an average monthly amount but sales are usually only March through September.</b>			

Average Gross Monthly Income: \$5,100.00

Average Monthly Expenses:

1. Advertising	170.00
2. Car Expense	1,480.00
3. Insurance	40.83
4. Other Misc Expenses	10.66
5. Other Business Prop	1,220.00
6. Supplies	1.85
7. Cell telephone	<u>220.00</u>

Total Expenses: 3,143.34

Net Average Monthly Income: **\$ 1,956.66**

Debtor 1 **Michael A. Lowe**  
Debtor 2 **Lisa M. Lowe**

Case number (if known) **14-51378**

**Official Form B 6I**  
**Attachment for Additional Employment Information**

<b>Debtor</b>	
Occupation	<b>Auto Production Assembly</b>
Name of Employer	<b>Honda of America Mfg, Inc</b>
How long employed	<b>16 years</b>
Address of Employer	<b>24000 Honda Pkwy. Marysville, OH 43040-8612</b>

<b>Spouse</b>	
Occupation	<b>Phlebotomist</b>
Name of Employer	<b>Ohio Health Corporation</b>
How long employed	<b>1 year</b>
Address of Employer	<b>180 East Broad St. Columbus, OH 43215</b>

Fill in this information to identify your case:

Debtor 1 Michael A. Lowe

Debtor 2 Lisa M. Lowe  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 14-51378  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Michael A. Lowe**  
Debtor 2 **Lisa M. Lowe**

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<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>500.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>100.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>170.00</b>
6d. Other. Specify: <u>Rumpke Trash Collection</u>	6d. \$	<b>25.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>450.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>57.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>0.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>60.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>370.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>80.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>200.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Estimated income taxes</u>		
	16. \$	<b>600.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>		
	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b>		
	\$	<b>0.00</b>
Specify: _____		
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: <u>Veterniary and pet care</u>	21. +\$	<b>100.00</b>
<b>22. Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	<b>2,762.00</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>6,384.11</b>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<b>2,762.00</b>
<b>23c. Subtract your monthly expenses from your monthly income.</b> The result is your <i>monthly net income</i> .		
	23c. \$	<b>3,622.11</b>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain:

**Requite Real Estate expenses**